



CITY OF COVINA SPECIAL INSPECTOR REGISTRATION

NAME: _____ Registration Fee: _____

COMPANY: _____

PHONE & E-MAIL: _____ Date: _____

ADDRESS: _____

I. Categories of Registration:

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> Reinforced Concrete | 2. <input type="checkbox"/> Special RC: Pre-stressed/ Post-tensioned/ Shotcrete | 3. <input type="checkbox"/> Structural Masonry |
| 4. <input type="checkbox"/> Welding & Bolting | 5. <input type="checkbox"/> Spray-applied Fireproofing | 6. <input type="checkbox"/> Piling |
| 7. <input type="checkbox"/> Smoke Control | 8. <input type="checkbox"/> HERS Rater | 9. <input type="checkbox"/> Other: _____ |

II. Related Certifications in Good Standing:

- | | | |
|--|--|--|
| ICC/ICBO: <input type="checkbox"/> Structural Steel & Welding | <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Spray-Applied Fire Proofing |
| ICC+ACI: <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Pre-stressed Concrete | <input type="checkbox"/> Others: |
| L. A. City/ County: <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Pre-stressed Concrete |
| <input type="checkbox"/> Structural Steel & Welding | <input type="checkbox"/> Welding & High-strength Bolting | <input type="checkbox"/> Fireproofing |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Piling | <input type="checkbox"/> Others: |
| SEERS: <input type="checkbox"/> HERS Rater | | |

III. Education & Experience:

Please complete the education and experience information on the reverse side of this form.

IV. Declaration

I hereby affirm that all the information I have given herein is true and complete to the best of my knowledge, and that I will inform this jurisdiction in the event any certification listed above is no longer in good standing. I understand that any false statement herein will subject me to disqualification anytime.

Signature Date

Supporting documents verified by:

Signature Date

Application for Registration Approved by:

Signature Date

EDUCATION AND EXPERIENCE

E D U C A T I O N	EDUCATION: Circle Last Grade Completed: 8 9 10 11 12		DID YOU GRADUATE? YES NO		IF NOT, HAVE YOU PASSED GED? YES NO		
	NAME AND LOCATION OF COLLEGES OR TRADE SCHOLLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
			SEM. UNITS	QTR. UNITS			
		FROM					
		TO					
		FROM					
		TO					
		FROM					
		TO					
		FROM					
	TO						

EXPERIENCE: Begin with your most recent job. List each job separately. List all jobs and any periods of unemployment in the last 10 years. Include military service. Also list any job you held more than 10 years ago, which relate to the job for which you are applying and indicate the number of months and years that you worked.

DATES		EMPLOYERS	DUTIES					
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE					
FROM	TO		DUTIES					
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER	Concrete	Masonry	Steel	Fireproof'g		
			%	%	%	%	%	%

DATES		EMPLOYERS	DUTIES					
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE					
FROM	TO		DUTIES					
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER	Concrete	Masonry	Steel	Fireproof'g		
			%	%	%	%	%	%

DATES		EMPLOYERS	DUTIES					
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE					
FROM	TO		DUTIES					
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER	Concrete	Masonry	Steel	Fireproof'g		
			%	%	%	%	%	%

DATES		EMPLOYERS	DUTIES					
MONTH AND YEAR		NAME OF PRESENT OR LAST EMPLOYER	YOUR TITLE					
FROM	TO		DUTIES					
		ADDRESS						
TOTAL								
YEAR	MONTH	PHONE NUMBER	Concrete	Masonry	Steel	Fireproof'g		
			%	%	%	%	%	%